Approved for use through 010x2000. ONB 0814-0810

U.S. Patient and Transcent Reduction Act of 1985, no persons ere required for respond to a collection of information and under the Paperson's Reduction Act of 1985, no persons ere required to respond to a collection of information under a flagging via used OVB control number.

ETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a) | Docket Number (Optional)

PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136 FY 2008 (Fees pursuent to the Consolidated Appropriations Act, 2005 (H.R. 481)	21.	21207/1208679-US3	
Application Number 10/783,711-Conf. #5609	Filed	Filed February 20, 2004	
For INTERACTIVE WEB BOOK SYSTEM			
Art Unit 2153	Examiner	K. L	.im
This is a request under the provisions of 37 CFR 1.136(a) to extend the application.	ne period for filing a re	ply in the above	dentified
The requested extension and fee are as follows (check time period de	sired and enter the ap	propriate fee b	elow);
Fee	Small Entite \$60		
Two months (37 CFR 1.17(a)(2)) \$460	\$230	\$	
X Three months (37 CFR 1.17(a)(3)) \$1050	\$525	. \$	1,050.00
Four months (37 CFR 1.17(a)(4)) \$1640	\$820	\$	
Five months (37 CFR 1.17(a)(5)) \$2230	\$1115	\$	
Applicant claims small entity status. See 37 CFR 1.27. X A check in the amount of the fee is enclosed. Payment by credit card. Form PTO-2038 is attached. The Director has already been authorized to charge fees in X The Director is hereby authorized to charge any fees which Deposit Account Number — 04-0100 WARNING: Information on this form may become public. Credit to Frovide credit card information and authorization on PTO-3038. I am the applicant/inventor. assignee of record of the entire interest. See Statement under 37 CFR 3.73(b) is entire interest. See Statement under 37 CFR 1.34, Registration number if acting under 37 CFR 1.34. Registration number if acting under 37 CFR 1.34.	n may be required, or and information should be 37 CFR 3.71. closed. (Form PTO/S mber 45,4	r credit any over not be included SB/96).	erpayment, to
Signature		January 14, 2008 Date	
Martin S. Sulksy		(202) 639-7514	
Typed or printed name NOTE: Signatures of all the inventors or assignees of record of the entire interest or it then one alignature is required, see below,		elephone Num. julred. Submit multij	
Total of forms are submitted.			